

Statement of Organization  
Recipient Committee

Type or print in ink

1270860

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. Number:

# \_\_\_\_\_

09 / 23 / 2004

Date qualified as committee

☐ Termination - See Page \_\_\_\_\_

List I.D. Number:

# \_\_\_\_\_

Date of Termination

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

OCT 04 2004

Hand Delivered, Sacramento  
KEVIN SHELLEY, Secretary of State

CALIFORNIA  
FORM 410

For Official Use Only

2004 OCT -5 AM 10:21

CITY CLERK  
CITY OF LODI

1. Committee Information

NAME OF COMMITTEE

Yes on R. Local Businesses, Grocers and Community Leaders  
for Fair Competition

STREET ADDRESS (NOT P.O. BOX)

1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

MAILING ADDRESS (IF DIFFERENT)

555 Capitol Mall, Suite 1425  
Sacramento

CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS

(209) 957-8602

COUNTY OF DOMICILE

San Joaquin County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jodi Meier

MAILING ADDRESS

1040 W. Kettleman Lane, #205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95240	(209) 957-4917

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/4/04  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Jodi Meier  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

4. Type of Committee Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Large Scale Retail Initiative, Measure R	City of Lodi	SUPPORT	OPPOSE
		X	
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Yes on R. Local Businesses, Grocers and Community Leaders for Fair Competition

4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Food 4 Less

Grocer

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

8014 Lower Sacramento Road, Suite I

Stockton

CA

95210

**Small Contributor Committee**

☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasure, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.